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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/662,547
Filing Date: 09/15/2003
Applicant: Simon Anne de Molina
Group Art Unit: 3683
Examiner: Christopher P. Schwartz
Title: STROKE DEPENDENT DAMPING
Attorney Docket: 1316N-001670

Mail Stop Non-Fee Amendment
Director of The United States Patent and Trademark Office
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed April 6, 2004, Paper No./Mail Date 2, please amend and reconsider the above referenced patent application as follows.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 6 of this paper.



Please type a plus sign (+) inside this box → ☐

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/662,547	
	Filing Date	09/15/2003	
	First Named Inventor	Simon Anne de Molina	
	Group Art Unit	3683	
	Examiner Name	Christopher P. Schwartz	
Total Number of Pages in This Submission		Attorney Docket Number	1316N-001670

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael J. Schmidt
		Reg. No.	34,007
Signature			
Date	June 2, 2004		

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
Typed or printed name	Michael J. Schmidt	Express Mail Label No.	EV 533 149 096 US
Signature		Date	June 2, 2004